



Ministry of Health & Family Welfare
Government of India



Novel Coronavirus

COVID-19

Update and Public Health Response

12 March 2020

Novel Coronavirus (COVID-19)

- Declared as **Public Health Emergency of International Concern (PHEIC)** by W.H.O on 30 Jan 2020
- The disease has been named as “**COVID-19**”
- WHO characterizes COVID-19 as a **pandemic** on 11 Mar 2020
- As on date, **1,18,326 confirmed cases** and **4,292 deaths** have been reported from **113 countries/territories** including India



Novel Coronavirus (COVID-19)

Global

China

India

Karnataka

**Confirmed
Cases**

1,18,326

**Confirmed
Cases**

80,955

**Confirmed
Cases**

60

**Confirmed
Cases**

4

Deaths

4,292

Deaths

3,162

Deaths

0

Deaths

0



Data as on 11th March 2020

Other Countries Reporting Significant Number of cases

Sl No.	Country/ Territory	Total Confirmed Cases	Total Confirmed New cases (10 th Mar)	Total Deaths
1	Italy	10,149	977	631
2	Iran	8,042	881	291
3	Republic of Korea	7,755	242	60
4	France	1,774	372	33
5	Spain	1,639	615	36
6	Germany	1,296	157	2
7	U.S.A	696	224	25
8	Diamond Princess - International conveyance	696	0	7
9	Japan	568	54	12
10	Switzerland	491	159	3



Data as on 11th March 2020

India: State/UT wise Number of cases

SI No.	Country/ Territory	Total Confirmed Cases (Indian National)	Total Confirmed cases (Foreign National)	Total Confirmed cases
1	Kerala	17	0	17
2	Haryana	0	14	14
3	Uttar Pradesh	9	0	9
4	Delhi	5	0	5
5	Karnataka	4	0	4
6	Rajasthan	1	2	3
7	Maharashtra	2	0	2
8	UT of Ladakh	2	0	2
9	UT of J & K	1	0	1
10	Telangana	1	0	1
11	Tamil Nadu	1	0	1
12	Punjab	1	0	1
	INDIA TOTAL	44	16	60

Data as on 11th March 2020

Travel Advisory (10th March)

Ministry of Health & Family Welfare, Government of India

For Indians intending to travel abroad

- Indian citizens are advised:
 - To **avoid** non- essential travel abroad
 - They are further strongly advised to **refrain** from travelling to **China, Italy, Iran, Republic of Korea, Japan, France, Spain and Germany**



Travel Advisory (10th March)

Ministry of Health & Family Welfare, Government of India

- All passengers having travel history to **China, Hong Kong, Republic of Korea, Japan, Italy, Thailand, Singapore, Iran, Malaysia, France, Spain and Germany** are advised to undergo **self-imposed quarantine for a period of 14 days from the date of their arrival.**
- With respect to restrictions on visa, besides the already issued instructions, all regular Visas (including e Visas) which have been granted to nationals of **France, Germany and Spain** on or before 11.03.2020 and where these foreigners have not yet entered India stands suspended.
- Regular visas (including e Visas) granted to **all foreign nationals who have travel history to these countries on or after 1.2.2020** and who have not yet entered India also stands suspended



Point of Entry Screening (Protocol)

Since 5th March 2020, **universal screening of all international passengers** is ongoing

- Kempegowda International Airport, Bengaluru
- Mangalore International Airport
- Mangalore seaport
- Karwar seaport



Point of Entry Screening (Protocol)

1. In-flight Announcements are being made
2. Every passenger has to fill a self-declaration form and submit at immigration counter
3. Thermal scanning being done
4. Passengers **without symptoms** from any of **COVID-19 affected countries**:
Advised **strict home quarantine** for 14 days and to report immediately if any symptoms
5. **Passengers with symptoms from any of countries**:
 - Referred to Isolation facility directly from Airport (Dedicated Ambulances)
 - Sample taken for testing
 - Assessed for Admission or Strict Home Quarantine



Point of Entry: Screening Update

- **Airports:** 98,401 passengers screened
 - KIAL Bengaluru – 67,016 passengers
 - Mangalore International Airport – 25,998 passengers
- **Seaports**
 - 5,387 passengers have been screened at Mangalore and Karwar seaports

Action Point

- List of all Passengers is being shared with each of the districts
- Concerned PHC Staff should follow up each passenger for 28 days and report to district
 - 12 Countries: Personal visit must for first 14 days
 - All other COVID-19 affected Countries: Personal visit or Telephonic follow-up depending on passenger load
- Districts are sharing daily report with the state
- **Request DCs to review on daily basis:**
 - **Number of Home quarantine Passengers being followed up Taluka/ PHC wise**
 - **Number pf Patients admitted/ discharged from Health/isolation facility**
 - **Total Samples collected for testing and results follow-up**



Update: Karnataka (11th March 2020)

ABSTRACT		Date:11.03.2020	
	ACTIVITIES	Today	CUMULATIVE
A	Persons Enrolled For Observation	94	1142
B	Persons who have completed 28 days observation period	12	287
C	Persons in Home Quarantine	82	839
D	Persons In Isolation At Health Facilities	7	12
E	Persons who left the Country (Chinese nationals - returned back to China on 30 th Jan 2020)	0	4
F	Total samples collected for Testing	80	526
G	Total samples reported as negative	52	441
H	Total Samples Positive for COVID-19	0	4



Update: Karnataka (11th March 2020)

(Details of Admitted cases)

Details of Isolated persons in the Designated Hospitals				
	Name of the District	Today's New admissions	Today Discharged	Total Isolated
A	Bengaluru (RGICD)	6	3	10
B	Hassan	0	1	0
C	Dakshina Kannada	1	0	2
D	Bagalkote	0	1	0
Total		7	5	12

Novel Coronavirus (COVID-19)

(we are still learning...)

- **Symptoms:** (similar to viral flu)
 - Fever
 - Cough
 - Running nose
 - Tiredness, nasal congestion, runny nose
 - sore throat Difficulty in breathing
- **Incubation Period:** 2 to 14 days
(Time from contacting infection till developing of symptoms)



Novel Coronavirus (COVID-19)

(we are still learning...)

- **Mode of Transmission:** respiratory secretions
 - can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales
- **Severity of Disease:**
 - Mortality: 3 % Global (1.7% outside China)**
 - Mild self-limiting illness ~ 81%
 - Requires hospitalisation ~ 15%
 - Requires ventilator support ~4%



Revised Case Definition – Suspect Case

- A patient with **acute respiratory illness** {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)},

AND

A **history of travel** to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

- A patient/Health care worker with **any acute respiratory illness AND** having been in **contact with a confirmed** COVID-19 case in the last 14 days prior to onset of symptoms;



Case definitions-

Laboratory confirmed case

- A person with **laboratory confirmation** of COVID-19 infection, irrespective of clinical signs and symptoms.



Definition of Contact

A **contact** (Primary contact) is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- **Staying in the same** close environment of a COVID-19 patient (including **workplace, classroom, household, gatherings**).
- Traveling together in **close proximity** (1 m) with a **symptomatic person** who later tested **positive** for COVID-19.



Key considerations – Surveillance

- **Surveillance period** is for 28 days –
 - 14 days **QUARANTINE AT HOME** or hospital or a designated facility and
 - **next 14 days** is for self reporting
- **Testing**
 - Only **patients with Symptoms** are being tested
 - Suspects and high risk contacts

Key considerations – Surveillance

- **Sample – “Throat swab”, Nasal swab**
- **Lab Testing Facilities: 5 labs in Karnataka**
 - National institute of Virology (NIV, Bangalore)
 - Bangalore Medical College and Research Centre (BMCRI)
 - Mysore Medical College
 - Shimoga Institute of Medical Sciences
 - Hassan Institute of Medical Sciences
- **Treatment** – Symptomatic treatment and clinical management
 - No drug(s) or vaccine recommended presently
 - Strict isolation at Health Facility for all confirmed cases



Important Advisories and Actions

- Advisories are being frequently updated and also new advisories are being released regularly
- All **Government of India Advisories** are available at:
<https://www.mohfw.gov.in/>
- All **Guidelines and Protocols of GOI** are available at NCDC Website:
<https://ncdc.gov.in/index4.php?lang=1&level=0&linkid=127&lid=432>
- State is also updating regular **State Specific Advisories and IEC materials in Kannada** on daily basis:
<https://karunadu.karnataka.gov.in/hfw/kannada/Pages/nCov-iec.aspx>



Important Advisories and Actions

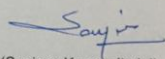
Invoking powers under Disaster Management Act 2005 (11th March)

F. NO.40-2/2020-DM-I (A)
Government of India
Ministry of Home affairs
(Disaster Management Division)

3rd Floor, NDCC-II Building,
Jai Singh Road, New Delhi-110001
Dated 11th March, 2020

ORDER

In exercise of the powers conferred under Section 69 of the Disaster Management Act, 2005, Union Home Secretary being Chairman of the National Executive Committee (NEC) hereby delegates its power under clauses (i) and (I) of sub-section (2) of Section 10 of the Disaster Management Act, 2005 to Secretary, Ministry of Health and Family Welfare, Government of India to enhance the preparedness and containment of novel Coronavirus (COVID-19) and the other ancillary matters connected thereto. This order shall be deemed to have come into effect from 17th January, 2020.


(Sanjeev Kumar Jindal)
Joint Secretary to the Government of India
Tele 011- 23438096

To,

The Secretary, Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi.

Copy to:

- i. All members of NEC
- ii. PPS to HS,MHA

- <https://www.mohfw.gov.in/disastermanagementact.pdf>
- To enhance Preparedness and containment of Novel Coronavirus (COVID-19) and the other ancillary matters connected thereto



Important Advisories and Actions

Advisory on Mass Gatherings (5th March)

Z-21020/14/2020-PH
Ministry of Health & Family Welfare
Government of India

Nirman Bhawan, New Delhi
Dated the 5th March, 2020


OFFICE MEMORANDUM

Subject: Query from states on mass gatherings – reg

Kindly recall queries raised by states on organisations of mass gathering etc. In view of the above, it is highlighted that:

- Experts across the World have advised to reduce mass gatherings to avoid the spread of COVID-19 Novel Coronavirus disease. In view of above, it is advised that mass gatherings may be avoided or possibly be postponed till the disease spread is contained.
- In case any such mass gatherings are organised, States may take necessary action to guide the Organisers on precautions to be taken as per the risk communication material already sent so as to avoid any Severe Acute Respiratory Illness (SARI) cases and Influenza Like Illness (ILIs) including Covid-19.

States may take necessary action accordingly in the matter.



(Rajender Kumar)
Under Secretary for Government of India
Ph. 23061778

To:

Prl Secy/ Secy H of all States / UTs

- <https://www.mohfw.gov.in/advisoryformassgathering.pdf>
- To avoid or postpone Mass gatherings as per risk Assessment
- In case organised- Guide organisers on necessary precautions and risks



Important Advisories, Guidelines and Actions

- **Guidelines on Clinical management of suspect/confirmed Novel Coronavirus (nCoV) cases :**
https://www.mohfw.gov.in/Guidelines_respiratory_illness.pdf
- **Discharge Policy of COVID-19 Confirmed Case**
<https://www.mohfw.gov.in/Corona%20Discharge-Policy.pdf>
- **Guidance on Surveillance for human infection with 2019-nCoV:**
<https://www.mohfw.gov.in/Guidance%20document%20-%202019-nCoV.pdf>
- **Guidelines for Infection Prevention and Control in Healthcare Facilities**
<https://www.mohfw.gov.in/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf>



Important Advisories, Guidelines and Actions

- **Guidance for sample Collection, Packaging and Transportation for Novel Coronavirus**
https://www.mohfw.gov.in/5Sample%20collection_packaging%20%202019-nCoV.pdf
- **Guidelines on use of masks by public**
<https://www.mohfw.gov.in/DraftUseofmaskbypublic.pdf>
- **Guidelines for home quarantine**
<https://www.mohfw.gov.in/DraftGuidelinesforhomequarantine.pdf>



State Advisories

- Circular: TOR for District level Teams
<https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Circular-TOR-District-Level-Team-2019.pdf>
- Advisory to IT/BT Company Employees and Staff:
<https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Advisory-IT-BT-Staffs.pdf>
- Circular to Ensure Availability of logistics at all public health facilities in Karnataka:
<https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Circular-Logistics-Availability.pdf>
- Guidelines on 10 Bedded Isolation Ward for COVID-19 Preparedness:
<https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Guidelines-Isolation-Ward.pdf>



State Advisories

- Anganwadi centres, LKG, UKG and classes up to 5th standard in Bangalore Urban, BBMP and Bangalore Rural closed with immediate effect till further instructions
- Advisories issued to;
 - IT/BT companies
 - Malls owners
 - Tourism Department
 - Hotel Associations
 - Club Associations etc



State Advisories

- Health Advisory to Education Department regarding preparedness for prevention and Control of COVID-19 (18th Feb 2020)
- Novel Coronavirus Alert Advisory for all Hotels/Guesthouses (5th Feb 2020)
- Actions to be taken at Seaport regarding Novel Coronavirus preparedness (11th Feb 2020)
- Circular for Formation of District Monitoring committee and Taluka Monitoring Committee to review COVID-19 preparedness by DC



Immediate Follow-up Actions at Districts

- Formation of District Monitoring Committee under chairmanship of DC and Daily Review of COVID-19 preparedness by DC
- Follow up on Allocation and readiness of Isolation wards at selected health facilities
 - District Hospital - 10 beds each
 - Medical College (Govt, Pvt)- 15 beds each
 - Defence Hospitals
 - Private Hospitals



Immediate Follow-up Actions at Districts

- **Identification of Isolation Facilities in the districts**
 - Large facilities for Exclusive isolation/Quarantine
 - Govt/ Pvt/ Defence
- **Strictly Review Point of Entry Screening at Airports and Seaports**
 - Bangalore, Dakshina Kannada, Uttara Kannada
- **Risk Communication and Media Management**
 - DC is only Spokesperson for interacting with Media
 - Supported by DHO/DSO for technical updates
- **Ensure proper IEC and Communication messages for General Public**
 - Plan Awareness campaigns in urban areas
 - Rural areas- as per requirement



Immediate Follow-up Actions at Districts

- **Activate District control room-** DCs can use disaster management call centre manned by health personnel
- **Monitor Infection prevention (Triage) facilities at Hospitals**
 - All Government health facilities particularly isolation wards and quarantine facilities
- **Monitor Adequate logistics being maintained at District and Taluka levels**
 - Stocks of Personal protective equipment (PPE), Masks, Medicines, sample collection kits etc.



Immediate Follow-up Actions at Districts

- If a COVID-19 Positive case is confirmed in your district: **Daily review regarding**
 - Immediate Contact tracing
 - Day-wise contacts and travel history of case- last 14 days/ since arrival in India
 - Maintaining **confidentiality** of persons and places
 - Follow up of each contact for **14 days** for any symptoms: Follow-up daily reports
 - Isolation of any Symptomatic contacts
 - Disinfection of Places visited by case
 - Risk communication and Media briefing



Trainings: Timeline for Districts

Activity	Timeline
One day District ToT for COVID-19 All Medical Officers, AMOs of Taluka Hospitals, THOs, Representatives from District Hospital, Medical Colleges, IMA, IAP	< 12 th March
Half Day Taluka Training for COVID-19 (2 MOs & 2 Clinicians from each Taluka to be identified on day of district ToT to support THO, AMO - All JHA (F), JHA (M), LHV, Health Supervisors, lab techs.	< 14 th March
COVID- 19 Training for all District Hospital Staff	<14 th March
COVID- 19 Training for all Medical College Staff	<14 th March
Orientation for ASHA workers and Anganwadi workers	During Monthly Meetings



Trainings: Timeline for Districts

Activity	Timeline
COVID-19 District level IPC Training for all Ambulance Drivers (102 and 108)	< 16 th March
COVID-19 District level Training for all Private Hospitals (All private Hospitals should train all their staff < 20th March)	< 18 th March
COVID-19 Orientation meeting for Indian Medical Association (IMA)	<20 th March
COVID-19 orientation for Hotel Owners Association	<20 th March
COVID-19 Orientation meeting for Indian Association of Paediatrics (IAP)	<23 rd March
COVID-19 District Monitoring Committee meeting Chaired by Deputy Commissioner / District Collector	Initially Daily, then frequently as per need



District Level Teams to be Formed for preparedness and day-today co-ordination

1. Surveillance and contact tracing Team
2. HR Management team
3. Training and Awareness Generation Team
4. Materials Management Team
5. Infrastructure (Isolation ward and facilities) management team
6. Media Surveillance and monitoring including IEC and BCC



Inter-Departmental Co-ordination

(Key to involve all stakeholders)

- Education department
- Women and Child Development Department
- Transport Department
- Food safety Department
- Department of Animal Husbandry
- Tourism Department
- RDPR, UDD and other departments
- IT/BT departments
- Police department
- Other stakeholders like medical associations (IAP, IMA, PHANA) nursing associations, hotel association, Clubs, NGOs, WHO, Unicef, Resident Welfare associations etc.

State Level Meetings have been held with concerned departments and state advisories also have been issued

Information

- **104 Arogya Sahayavani (call center)** has reserved 20 lines for receiving calls for COVID-19. Till date 8,677 **calls** have been received for whom necessary guidance has been provided.
- Department Number: 080 - 22208541 / 22374658
- Email id: ssuidspbangalore@gmail.com
- Advisory/Guidelines/FAQs are available on Karnataka State Health Department website <https://karunadu.karnataka.gov.in/hfw/kannada/Pages/nCov-iec.aspx>

Reliable Sources of Information:

- **Websites:**
 - <https://www.mohfw.gov.in/>;
 - <https://ncdc.gov.in/index4.php?lang=1&level=0&linkid=127&lid=432>
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- **Twitter Handles:** @dhfwka; @MoHFW_INDIA; @PIB_India ; @WHO



Actions at State

- Review meeting by Hon'ble Chief Minister - Government of Karnataka- 10th March
- Daily Media briefing by Hon'ble Health & Family Welfare Minister and Medical Education Minister everyday at 6:00 pm
- State review Meeting by Additional Chief Secretary-Health & Family welfare
- Chief Secretary- Government of Karnataka reviewing regularly
- Co-ordination meetings with individual departments and sectors and advisories/instructions given
- State Training of trainers from all districts for health department officials conducted on 9th March
- Regular communication, instruction, advisories to districts



Cluster containment Strategy

Scenarios:

1. Travel related cases reported in India
- 2. Local transmission of COVID-19 (Single Clusters)**
3. Large outbreaks of COVID-19 disease (Multiple clusters)
4. India becomes endemic for COVID-19

IDSP, will be involved in community surveillance in all of the above mentioned scenarios.



Containment zone

- The **containment zone** will be defined based on
 - The index case / cluster, which will be the designated epicenter
 - Geographical distribution of cases around the epicenter
 - Local administrative boundaries of urban cities /town
- A scenario based approach (e.g. a small cluster in a closed environment or single cluster in a residential colony) while deciding the perimeter of containment zone.



Containment zone

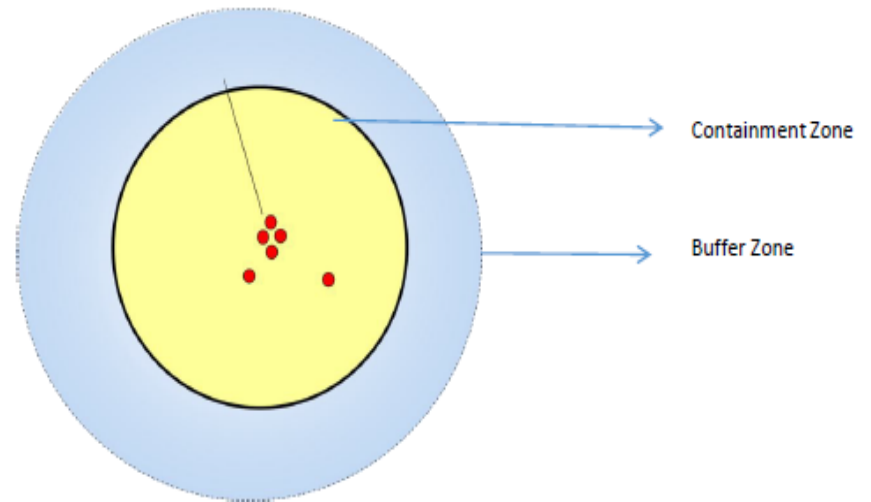
- The decision on perimeter of the containment zone **is to be guided by continuous real time risk assessment.** Implementation of strict perimeter control is vital for the containment of COVID-19.
- **Perimeter control is primarily an administrative measure – Enhanced surveillance within the perimeter is a part of the larger administrative response.**
- Rapid Response Teams (RRTs) needs to be oriented on the enhanced surveillance & contact tracing



Containment zone

Buffer Zone

- Buffer Zone is an area around the Containment Zone, where new cases most likely to appear.
- There will not be any perimeter control for the buffer zone.



Containment Scenario 1:

Imported Travel related cases reported in India

Containment Zone

- Isolation & management of case
- Quarantine of contacts
- Enhanced IEC
- Active ARI/ILI Surveillance
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes

Buffer Zone

- Enhanced Passive ARI/ILI Surveillance
- Enhanced Self reporting

Containment Scenario 2:

Local transmission – Single cluster

Containment zone

- Isolation & management of case
- Quarantine of contacts
- Enhanced IEC
- Active ARI/ILI Surveillance
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes
- Establish control room in the local health facility
- Ban local mass gathering
- Lockdown of identified cluster for e.g. Schools/residential building/Hotel

Buffer zone

- Enhanced Passive ARI/ILI Surveillance
- Enhanced Self reporting.
- Enhanced media surveillance
- Trainings on case definitions and contacts

Containment Scenario 3:

Large outbreak – Multiple clusters

Containment zone

- Isolation & management of case
- Quarantine of contacts
- Enhanced IEC
- Active ARI/ILI Surveillance
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes
- Ban local mass gathering
- Closure of schools, offices, colleges
- Environment disinfection
- Refrain from leaving home + Border measures
- Establishment of control room at the block and district level
- Enhanced media surveillance in and surrounding blocks/districts
- Monitoring of rumour register
- Mobile specimen collection units

Containment Scenario 3:

Large outbreak – Multiple clusters

- Buffer zone

- Isolation & management of case
- Quarantine of contacts
- Enhanced IEC
- Active ARI/ILI Surveillance
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes
- Border measures
- Ban all mass gatherings in buffer zone
- Media surveillance
- Mobile specimen collection units

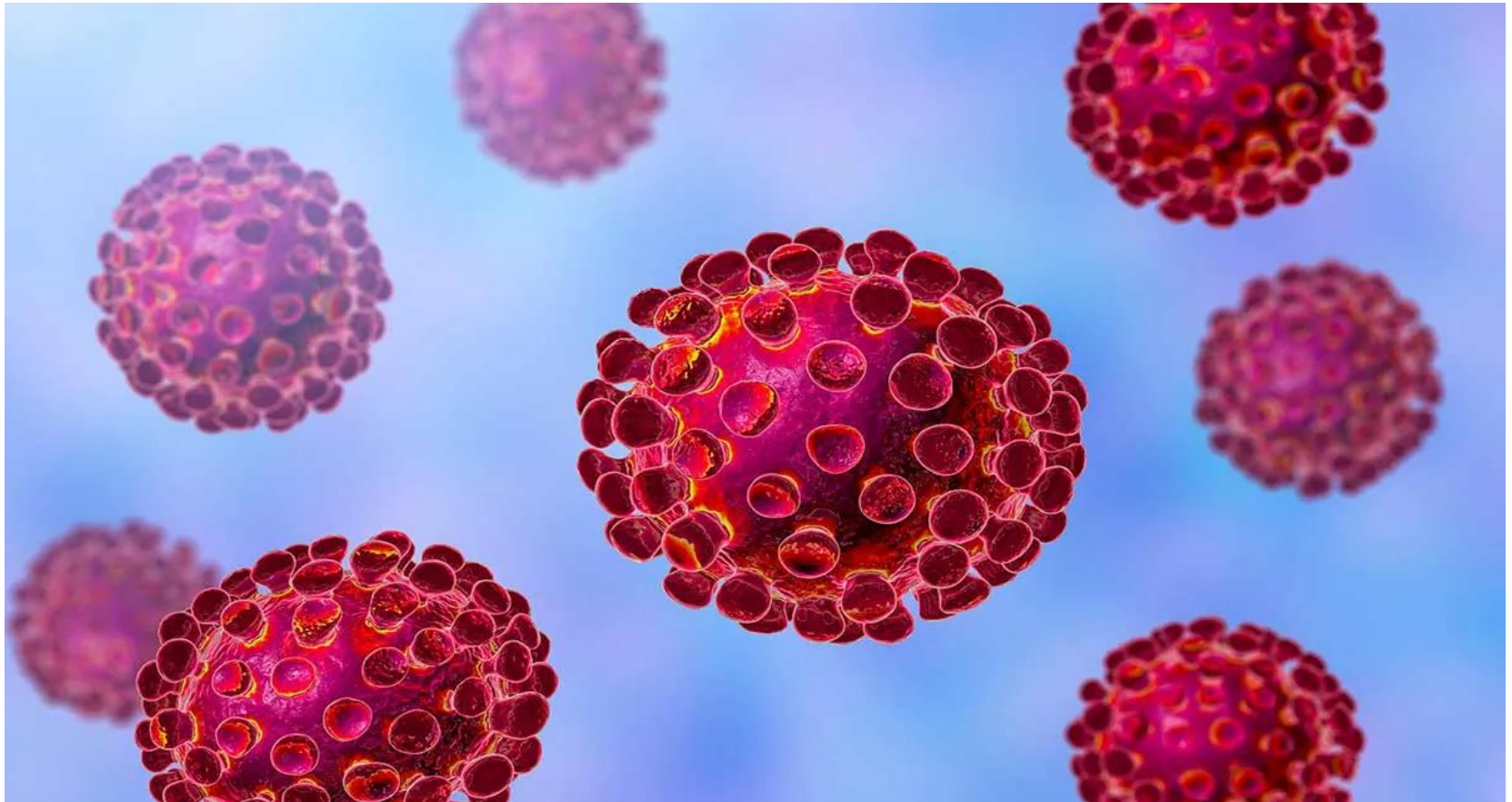
Administrative Measures within Perimeter area during Containment

- Refrain from leaving their homes and moving around from the containment zone for at least 14 days
- Refrain participating in events held in indoor venues when fever or respiratory symptoms are detected
- Employers to cooperate for leaves or absence without a written diagnosis
- Enhanced entry screening for travellers from containment zone
- Involvement of all concerned departments.

Recommendations to General Public

- **Do not panic, Be aware**
- **Practice frequent handwashing: Wash hands with soap and water or use alcohol based hand-rub**
- **Cover your nose and mouth with handkerchief/tissue while sneezing and coughing. Throw used tissues into closed bins immediately after use**
- **See a doctor if you feel unwell (fever, difficulty in breathing and cough)**
- **Mask is recommended only to those who are having flu like symptoms or those who are caring for such persons in close contact**
- **Avoid participating in large gatherings if you are not well.**
- **Avoid non-essential travel to COVID-19 affected countries**
- **Don't touch eyes, nose, face frequently**
- **Avoid close contact with person experiencing cough and fever**
- **If you have any signs/symptoms with travel history to COVID-19 affected countries or contact with COVID-19 confirmed persons during last 14 days, please call toll free health helpline 104 and mail to ssuidspbangalore@gmail.com**

Thank you



COVID-19

NOVEL CORONAVIRUS (COVID-19)



Protect yourself and others!

Follow these Do's and Don'ts

Do's



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



Avoid participating in large gatherings



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Don'ts

Spit in public

Together we can fight Coronavirus

For further information :

Call at Ministry of Health, Govt. of India's 24X7 control room number
+91-11-2397 8046

Email at ncov2019@gmail.com

Reduce your risk of **coronavirus** infection:



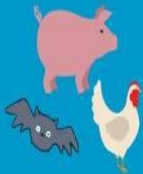
Clean hands with soap & water
or alcohol-based hand rub

Cover nose and mouth when coughing and
sneezing with tissue or flexed elbow



Avoid close contact with anyone with
cold or flu-like symptoms

Thoroughly cook meat and eggs



No unprotected contact with live wild
or farm animals



World Health
Organization

Protect others from getting sick

Cover mouth and nose with
tissue, sleeve or elbow when
coughing or sneezing



Throw tissue into closed bin after use

Clean hands after coughing or
sneezing and when caring for
the sick



World Health
Organization

Wash your hands

Wash your hands with soap and running water when **hands are visibly dirty**



If your **hands are not visibly dirty**, wash them with soap and water or use an alcohol-based hand cleanser



Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste



Protect others from getting sick



Avoid close contact when you are experiencing fever and cold or flu-like symptoms

Avoid spitting in public



Seek medical care if you have a fever, cough and difficulty breathing

Practise food safety

Use different chopping boards and knives for raw meat and cooked foods



Wash your hands between handling raw and cooked food.